

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

29/806531

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/		/							
2		/		/		/						
3		/		/		/						
4		/	/		/							
5		4		4		/						
6		4		4		/						
7		0		0		/						
8		0		0		/						
9		0		0		/						
10		0		0		/						
11		0		0		/						
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20		/		/		/						
21		2		/		/						
22		2		/		/						
23		2		/		/						
24	/			/		/						
25		/		0		/						
26		0		0		/						
27		0		0		/						
28		0		0		/						
29		0		0		/						
30		0		0		/						
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TOTAL IND.		↓		↓	3	↓	TOTAL IND.		↓		↓	
TOTAL DEP.					27	↓	TOTAL DEP.					↓
TOTAL CLAIMS					30		TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

